

UNITED STATES PATENT TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-9-05</u>		2 Serial/Patent # <u>10/1706703</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing <u>10CE</u>			<u>6/6/5</u>	\$ <u>790</u>
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/> Petition			<u>6/6/5</u>	\$ <u>130</u>
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>920</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	<u>20--0090</u>	
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>J F Dicks</u>		TITLE: <u>Pats Ex 11</u>		
SIGNATURE: <u>J Dicks</u>		PHONE: <u>571/2723218</u>		
OFFICE: <u>41700</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alicia Gille</u>		DATE: <u>6/9/05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B